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FAX COVER SHEET

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COMPANY	USPTO
FAX NUMBER	17038729306
FROM	Tracy Druce
DATE	2005-03-22 21:16:31 GMT
RE	Application No. 10/604,946 - Request for Correction to Inventorship - Our 07589.0108.NPUS00

COVER MESSAGE

Please enter our attached papers in the above captioned case (8 pages total).

- NOVAK DRUCE & QUIGG, LLP

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PTO/SB/21 (09-04)

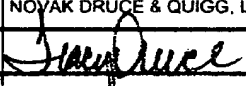
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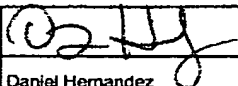
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/604,846	
	Filing Date	08/28/2003	
	First Named Inventor	WOLFE	
	Art Unit	3747	
	Examiner Name	WOLFE	
Total Number of Pages in This Submission	7	Attorney Docket Number	07589.0108.NPUS00

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request To Correct Inventorship and Statement from Each Inventor; and SUBSTITUTE Declaration/Power of Attorney.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	NOVAK DRUCE & QUIGG, LLP		
Signature			
Printed name	Tracy W. Druce		
Date	03/22/2005	Reg. No.	35,493

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Daniel Hernandez
Date	03/22/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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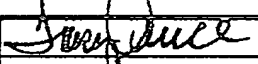
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/604,946 Filing Date 08/28/2003 First Named Inventor BERTILSSON Examiner Name WOLFE Art Unit 3747 Attorney Docket No. 07589.0108.NPUS00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 130.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account Deposit Account Number: 141437 Deposit Account Name: NOVAK DRUCE LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- 20 or HP = _____ x _____ = _____		Fee (\$) Fee Paid (\$)					
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$) Fee Paid (\$)		
- 3 or HP = _____ x _____ = _____		Fee (\$) Fee Paid (\$)					
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof			Fee (\$)	Fee Paid (\$)	
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____			= _____	= _____	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): PETITION FEE						130.00	

SUBMITTED BY		
Signature 	Registration No. (Attorney/Agent) 35,493	Telephone 202.659.0100
Name (Print/Type) Tracy W. Druce	Date 03/22/2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT APPLICATION
Attorney Docket No.: 07589.0108.NPUS00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: BERTILSSON, Bert-Inge *et al.*
SERIAL NO.: 10/604,946 GROUP ART UNIT: Unknown
FILED: 08/28/2003 EXAMINER: Not Assigned
TITLE: PULSE REFLECTING METHOD AND ARRANGEMENT IN AN
EXHAUST GAS RECIRCULATION SYSTEM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST TO CORRECT INVENTORSHIP and STATEMENT
FROM EACH INVENTOR

Dear Sir or Madam:

Applicants hereby request to correct inventorship in the above-captioned patent application where the inventorship was improperly set forth. In support of this Request a Statement of each Inventor is included hereinbelow.

As a named inventor, I, Bert-Inge BERTILSSON, hereby declare that the inventorship of United States Patent Application No. 10/604,946 filed 28 August 2003 was improperly set forth without deceptive intent by the exclusion of Annika CARLSSON. I believe I am an original and joint inventor of the subject matter claimed in the above-captioned Patent Application. Further, I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements may jeopardize the validity of the application or any patent issued thereon.

As a named inventor, I, Ivar SAHLÉN, hereby declare that the inventorship of United States Patent Application No. 10/604,946 filed 28 August 2003 was improperly set forth without deceptive intent by the exclusion of Annika CARLSSON. I believe I am an original and joint inventor of the subject matter claimed in the above-captioned Patent Application. Further, I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that

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these statements were made with the knowledge that willful false statements may jeopardize the validity of the application or any patent issued thereon.

As the excluded inventor, I, Annika CARLSSON, hereby declare that the inventorship of United States Patent Application No. 10/604,946 filed 28 August 2003 was improperly set forth without deceptive intent. I believe I am an original and joint inventor of the subject matter claimed in the above-captioned Patent Application. Further, I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Bert-Inge BERTILSSON
Inventor's signature Bert-Inge Bertilsson Date 2004-10-21
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Inventor's signature Ivar Sahlén Date 2004-10-21
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Citizenship SWEDEN
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Full name of third inventor Annika CARLSSON
Inventor's signature Annika Carlsson Date 2004-10-21
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